

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-1-12

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$361,138	5.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circulars IL-2011-03, IL-2011-07, IL-2011-11, IL-2011-14

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Allied P&C Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-1-12

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$478,898	4.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circulars IL-2011-03, IL-2011-07, IL-2011-11, IL-2011-14

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

November 1, 2012

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$3,959,597	-7.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

New deviation filing based on current expense multiplier and NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company
Name of Company

Walter Murphy
Filings Analyst
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 08/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Worker's Compensation</u>	1385386	6.070%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Change Amtrust Insurance Company of Kansas's Loss Cost Multiplier to 1.800.

(The previously filed LCM for Amtrust Insurance Company of Kansas was 1.697.)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Amtrust Insurance Company of Kansas, Inc.

Name of Company

Submitted by: James Shoenfelt, ACAS, Consulting Actuary

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

November 1, 2012

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,883,705	7.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

New deviation filing based on current expense multiplier and NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Chartis Property Casualty Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-1-12

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$14,076	2.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circulars IL-2011-03, IL-2011-07, IL-2011-11, IL-2011-14

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Depositors Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 10/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	10100713	0.300
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Submission to increase current schedule rating premium eligibility threshold

and policy minimum premium requirement.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Employers Assurance Company

Name of Company

Carla Hornibrook

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 10/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	679549	0.770
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Submission to increase current schedule rating premium eligibility threshold
and policy minimum premium requirement.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Employers Compensation Insurance Company

Name of Company

Carla Hornibrook

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 10/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	17131589	1.170
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Submission to increase current schedule rating premium eligibility threshold

and policy minimum premium requirement.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Employers Preferred Insurance Company

Name of Company

Carla Hornibrook

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

November 1, 2012

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,567,902	25.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

New deviation filing based on current expense multiplier and NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 09/01/2012

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,433,684	7.49%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____

Adoption of NCCI's 1/1/2012 loss costs.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Iowa American Insurance Company

Name of Company

Michael L. Wiseman, FCAS, Sr. Vice Pres., Treasurer

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 09/01/2012

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	4,067,812	7.49%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify:

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI's 1/1/2012 loss costs.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Iowa Mutual Insurance Company

Name of Company

Michael L. Wiseman, FCAS, Sr. Vice Pres., Treasurer

Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2012.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$9,139,098	2.01%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify There are no territories in this filing, however, the filing does carry 106 classification deviations. See attached Miscellaneous Values Page and Classification Deviation Listing supplement.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Amending our January 1, 2012 filing adopting NCCI IL-2011-14 to add additional classification deviations.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Rick Vogl, Senior VP Operations & Compliance

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/15/2012

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>WORKERS COMP.</u> Life of Insurance	<u>5,634,965</u>	<u>MAX. OF \$15,000 OR .267%</u>

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO -

Brief description of filing. (If filing follows rates of an advisory

Organization, specify organization):

\$ 500 MINIMUM / \$ 2,500 MAXIMUM
PREMIUM CHARGE FOR SUBROGATION WAIVER - 6 POLICIES IN FORCE -
MAXIMUM PREMIUM CHARGE IS \$ 15,000 ANNUALLY OR .267%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Rockwood Casualty Insurance Company
Name of Company

Andre Snyder REGULATORY COMPLIANCE OFFICER
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 08/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker's Compensation	34095252	4.502%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt 11/1/2011 NCCI loss costs for Technology (Technology is currently using
NCCI Rates in IL - IL NCCI publishes both rates and loss costs) ,File a 1.65 LCM for Technology and 1.49 LCM for Technology's deviated
class codes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Technology Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS, Consulting Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2012

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	89,602	-6.9%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Tower National Insurance Company herewith proposes to revise is LCM for WC from 1.450 to 1.350.

We wish to make this filing effective for all policies effective on or after July 1, 2012.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Tower National Insurance Co.

Name of Company

Faye V. Storch

Senior Business Analyst

Official - Title